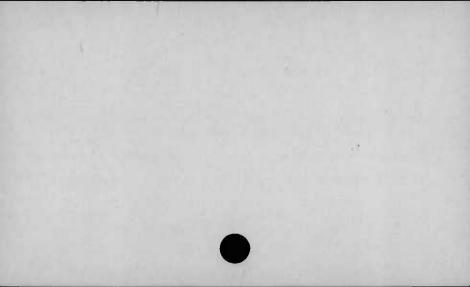
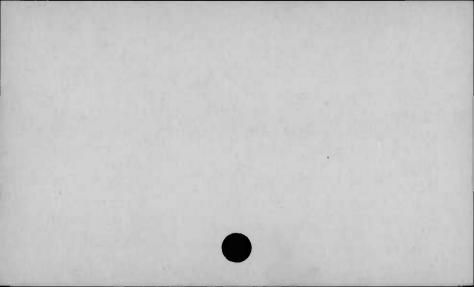
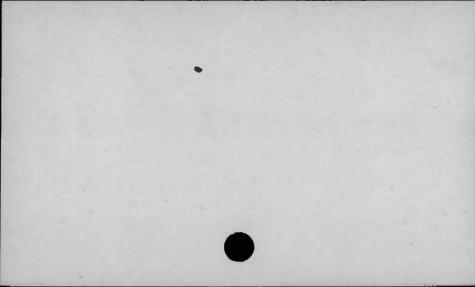
Name in Full Certificate of Death MARYLAND Native of Occupation Date 19 () 3 Married Widow Divorced-Female Colored Single Widower Number of children living Husband Wife Father's Cause of Death Accident, Suicide, Homicide **Immediate** Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Occupation Married Divorced Number of children living Father's Name Cause of my gum Death Accident, Suicide, Homicide Reported by Address Med be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. HERREY BUREAU, 70009



Name in Full Certificate of Death County Died at Month Date 190 3 Married Widow Female Number of children living Husband Wife Father's Name How long sick Cause of Primary Death Immediate Accident, Suicide, Homicide Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Occupation Native of Date 19 0 3 Male Without Divorced Femal Widawer Number of children living Husband of Wife Father's Mother's Name Maiden Name How long sick Cause of Death **Immediate** Accident, Suicide, Homicide Reported by Address Must be signed by physician, it any in attendance, otherwise by coroner, undertaker or minister. LIDEARY DISEAST, 70009

